

**GED Official Transcript Request Form**

**Faxed requests are not accepted. Incomplete requests will not be processed.**

**Each official transcript is \$5.00.**

**To request an official transcript in person:** Monday - Friday, 9:00 am – 3:30 pm at the **Maryland GED Office, DLLR Division of Workforce Development & Adult Learning, 1100 North Eutaw Street, Room 121. Baltimore, MD.**

**21201.** Please bring the completed transcript request form, photo identification and a money order for the correct amount.  
**NO CASH.**

**To request an official transcript by mail:** Mail the completed transcript request form and a check or money order made payable to *DLLR/GED Office* to: **Maryland GED Office, 1100 North Eutaw Street, Room 121. Baltimore, MD. 21201.** Allow approximately five (5) business days for processing requests by mail.

**Please Print. Complete all items below to assist in completing your request.**

Legal Name at the time of Testing \_\_\_\_\_

Current Legal Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

What version of the test did you take? Paper \_\_\_\_\_ \*(prior to 2014)

Computer \_\_\_\_\_ GED Identification Number \_\_\_\_\_

**Reason for request:**

Enrollment in Higher Education \_\_\_\_\_ Application for employment \_\_\_\_\_

Military enlistment \_\_\_\_\_ Transfer to another state \_\_\_\_\_ Other \_\_\_\_\_

**Complete this portion if your transcript is to be sent to an address different from the address above.  
(Please print complete address)**

Name of School or Organization \_\_\_\_\_

Recipient Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Legal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_